Criterion 4: Targeted Services to Homeless and Rural Populations

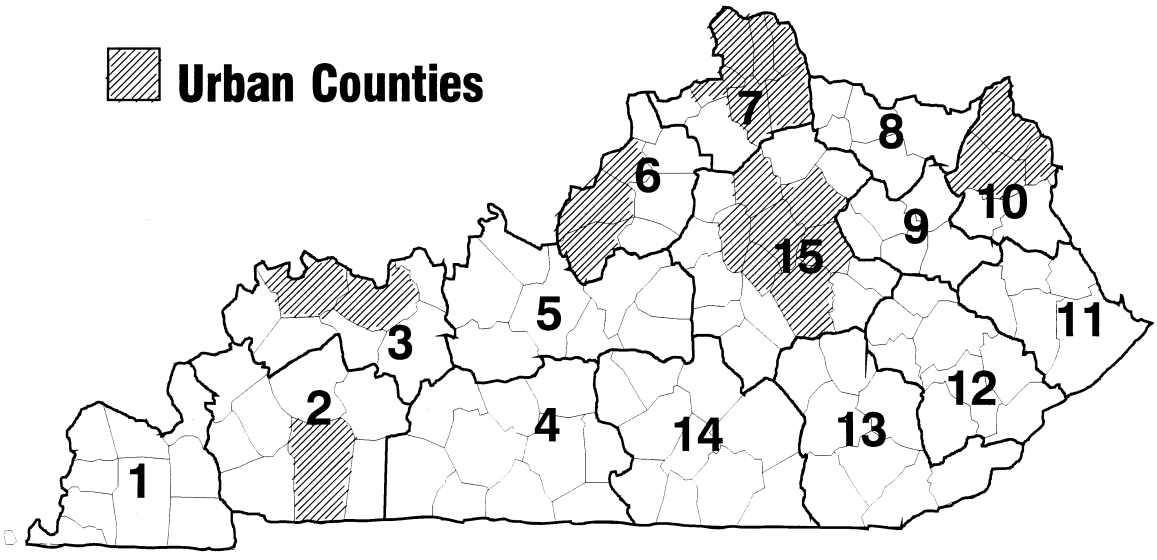
The plan provides for the establishment and implementation of outreach to and services for, such individuals who are homeless. The plan also describes the manner in which mental health services will be provided to individuals residing in rural areas.

Introduction

Many regions do not continuously identify children's living status and efforts are underway to improve tracking of this. However, there are regions that have services targeting homeless or near homeless youth.

There are also programs and services in several regions that target youth transitioning to adulthood. Some of the identified transitioning youth are in need of adult services as they will meet the criteria for SMI services and some are only in need of more general independent living services and supports.

Twenty-one of Kentucky's 120 counties are part of Metropolitan Statistical Areas (MSA); the remainder is rural. These rural areas contain approximately half of the Commonwealth's citizenry.



One of the most significant factors affecting children and families in rural areas of Kentucky is the rate of poverty. Kentucky is a poor state, and median income is 85% percent of the national average. In the 1990 US census, Kentucky had 34 counties that are classified as persistently poor. These counties are rural and located

primarily in the southeastern part of the state, or Appalachia. According to Kentucky Kids Count 2002, 21% of Kentucky's families with children are living below the poverty level and about one half of all children in Kentucky are living in single parent homes.

State Support

Kentucky IMPACT has been in operation statewide for over twelve years. Many youth that entered Kentucky IMPACT as children and pre-adolescents are reaching the age limit for receiving children's services. The transition of children with severe emotional disabilities to adult systems of care, is increasingly becoming a concern. RIACs are struggling with the issues of helping young adults find appropriate services in the adult system.

KDMHMRS began funding demonstration projects and planning to provide community-based services for youth transitioning to adulthood in SFY 1996. The projects have continued to receive funding beyond the demonstration time frame. Two of the projects are located in rural areas of the state, while the third project is in Louisville. Historically, this has been a difficult population to serve, as the youth continue to be in need of case management services but do not always fit the criteria for adult case management. Exacerbating the problem is the fact that many mental health professionals work with children or with adults and have little knowledge about, or experience accessing services outside their area of expertise. Case managers have learned that the two service arenas do not always operate in compatible manners.

The purpose of the transition programs is to guide and direct a program of Service Coordination for these young adults that builds on existing resources that are community-based and centered on the individual needs of the youth. Additionally, the programs strive to decrease the rates of hospitalization and incarceration for these youth. Services offered in addition to IMPACT model Service Coordination include the following: social skills training; individual and group psycho-education; structured recreation; community service work; linkage with appropriate housing resources; and exploration and development of educational and vocational interests and opportunities.

Regional Roll Up

In their SFY 2004 Plan and Budget Applications, Regional MH/MR Boards reported the following:

- Five of fourteen regions have specialized case management services for homeless youth;
- Twelve of fourteen regions report that Service Coordination services are offered to youth transitioning into adulthood, many of whom are linked with mental health services as well as, other independent living related services.

CMHS Block Grant funds were initially allocated in 1993 to establish the "Homeward Bound" program through Seven Counties Services, the Regional MH/MR Board in Louisville, to provide outreach and services to homeless youth who have severe emotional disabilities. The youth targeted by the project include:

- Youth who live "on the street" or who move between shelters, friends and others;
- Youth living in families which are homeless;
- Youth living in "doubled up" situations with relatives or friends; and
- Homeless teens that are pregnant or have young children.

The Homeward Bound project, using the IMPACT model, provides Service Coordination and Wraparound Services for identified youth. The project has an interagency advisory body and is now supported by the regional board with Kentucky Medicaid funding accessed when possible.

Although additional funding has not been allocated to address services for transitioning from child to adult services, three regions who initially received funding for demonstration projects and several additional regions have developed services that are addressing the needs of transitioning youth. These include:

- Peer support groups for adolescents;
- Independent Living Skills training for 14-21 year olds;
- Vocational planning workshops;
- Life mapping workshops; and
- Consulting with adult case managers to ensure the smooth transition to needed services for youth reaching age eighteen.

Successes of the projects include the involvement of the adult services community with transition-age adolescents, reduced caseloads for Service Coordinators serving this population (which allows them to focus on transition issues), and improved collaboration with the school-to-work programs implemented as a part of the Kentucky Education Reform Act.

The problem of staff recruitment and retention has been addressed in a variety of ways at the local level. Many Regional MH/MR Boards offer tuition assistance for staff to help retain staff. Additionally, one program in northern Kentucky has offered graduating college seniors stipends for tuition in exchange for a guarantee of two years of service. One of the Regional MH/MR Boards in Appalachia successfully negotiated with the University of Kentucky to provide a two-year master's degree in social work via teleconferencing at a local community college, saving a two and one-half hour commute to the nearest university. In three Eastern Kentucky regions, specific training for in-school wraparound capacity is being delivered under the

auspices of a major federal child mental health grant. Plans to implement this model statewide are progressing.

Trends/Challenges

Barriers that the "Youth Transitioning to Adulthood" demonstration projects have encountered include:

- Start-up and staff turnover problems;
- Lack of knowledge by agencies concerning the effects of mental illness on adolescents;
- Young adults' desire to be "on their own" and free of service providers; and
- Confidentiality issues with parents and agencies when adolescents gain adult status.

The two most common barriers to mental health services in rural areas are the isolation of families who have a child with an emotional disability and limited public transportation. Isolation can be partially attributed to the geographic distance between neighbors, but may be more closely associated with the heightened stigma associated with mental health services in rural areas and the difficulty of ensuring confidentiality and anonymity in a small, closely-knit community.

Limited public transportation contributes not only to service access problems, but also increases the cost of services. KDMHMRS and Kentucky Medicaid allow Regional MH/MR Boards to recover transportation costs as an allowable service delivery cost. Additionally, Kentucky Medicaid clients can receive direct reimbursement of transportation costs. When no other source of funding is available to IMPACT clients, wraparound funds may be used to pay transportation costs, or if appropriate, costs to repair a family's automobile. Finally, the "Empower Kentucky" program of Governor Paul E. Patton's is captivating all public transportation programs to single providers to utilize economics of scale that will make transportation services for public programs more accessible.

Strategies

For individuals who cannot get to service sites, reimbursement from Kentucky Medicaid and KDMHMRS is available to providers for in-home and school-based mental health services. The development of school-based services, in particular, has greatly expanded the availability of outpatient mental health services for children and youth. In addition, families receiving IMPACT services receive most of their case management services in their homes or schools, and time spent with children by "wraparound aides" is generally in the community or the home.

Telepsychiatry networks that extend throughout Eastern Kentucky have been developed by Bluegrass Regional MH/MR Board and the Department of Psychiatry at the University of Kentucky. These networks already deliver consultation and direct services to children and their families who are unable to travel. They also allow for "expert" consultation assistance to rural providers. (Refer to map of Telehealth

Networks of Kentucky in Adult Criterion 4.) Likewise, telemedicine technology has enabled closer communication among regional mental health administrators and state personnel in the implementation of a federal grant which will improve access and service capacity in three Appalachian regions in Eastern Kentucky.

One strategy to address rural access problems is the recruitment and development of family support staff, who are parents of children with severe emotional disabilities. These parents are responsible for facilitating a regional network of parent-to-parent support and advocacy, which provide informal connections between parents to supplement kinship networks.

A third distinct problem is the difficulty of recruiting staff to work in the rural areas, which limits the capacity to expand and create alternative, non-traditional services. While these three problems are common to rural areas, each rural community has its own unique problems because of cultural, geographic and social differences. The Kentucky Commission of Services and Supports for Individuals with Mental Illness, Alcohol, and Other Drug Disorders, and Dual Diagnosis created by HB 843, addressed this issue and made several recommendations including the following:

- Provide funds for higher salaries, examine differential pay and incentives for rural providers, and create recruitment and retention incentives for professionals trained in substance abuse treatment and for those who can prescribe medications;
- Use distance learning and telehealth technology to reduce social isolation and to integrate the network of community providers, and to deliver training programs Recruit and train staff who specialize in geriatric and children's mental health; and
- Increase the availability of professionals who are trained in the use of newly patented medications.

This is also discussed in Criterion 5 of this document.

There are also other ongoing efforts to identify ways to recruit and retain mental health staff in all areas of the state and to fully integrate our systems of physical, and mental health, services and substance abuse services. This will bring us closer to addressing the needs of children and families in a preventative, comprehensive and efficient (cost effective) manner.

Performance Indicators

One indicator has been selected to measure the performance of regional systems of care with regard to children in rural counties. The measure for this indicator is the percentage of estimated number of rural children with severe emotional disabilities who are annually served by a Regional Interagency Council or a Regional MH/MR Board.

Please see Appendix A- Penetration Rate Rural Children with Severe Emotional Disabilities.

Objectives

The Regional MH/MR Boards submitted the following Plans for Development in their Plan and Budget Application for SFY 2004.

Region	Targeted Services (Homeless and Rural Populations)
1	Maintain service pentration within the state paramenters until greater funding allows for program expansion.
2	Continue to target the counties of the Pennyroyal Region for the development of coverage with TSS staff and Therapeutic Foster Care providers to better serve these clients in their home area.
3	Discuss with DMH Commissioner the need for telehealth funding.
4	Ensuring the ALL clinical staff have cultural diversity training. Provide psychotherapy in clinic, home and community in all 10 counties.
5	The rural penetration rate will increase in SFY 2004 due to internal review process to insure that all appropriate cases are captured.
6	Increase intensive in-home services for SED children.
7	NorthKey staff will conduct a search of school systems located in rural counties regarding their interest in partnering in a Bridges project.
8	Improve access to information on homeless issues of families and children within the region via newsletter publication.
9/10	Increase refinement of coding "homeless" number.
11	To develop a Needs Assessment in order to determine the need for services for homeless youth.
12	Implement a plan to better utilize the tele-health interactive video network for team planning meetings for youth who are at the crisis stabilization unit.
13	Provide consultation and outreach services to the homeless shelters in the region on an as needed basis or at least yearly.
14	Maintain at least 70% penetration rate for Rural Children.
15	Increase number of SED children being served in our rural counties.

- **Objective C-4-1:** Provide training or technical assistance workshops regarding youth transitioning to adulthood at state sponsored conferences.

- **Objective C-4-2:** Support the Youth Transition Council within the Kentucky Partnership for Families and Children.

- **Objective C-4-3:** Offer technical assistance to regions to improve tracking of homeless youth in the KDMHMRS information data system.

Comments from the Planning Council Members at their August 14, 2003 Meeting